

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **August 1-15, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: CALLAHAN WATER DISTRICT		Organizational Unit: COMMUNITY SERVICE DISTRICT	
Address (give city, county, State, and zip code): PO BOX 1537 CALLAHAN, CA 96014 SISKIYOU COUNTY		Name and telephone number of person to be contacted on matters involving this application (give area code): DAVID B. HAMMOND 541-776-3327	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0063774		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U.S. DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: WATER & WASTE DISPOSAL LOAN & GRANT PROGRAM TITLE: 10-760		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: COMMUNITY WATER SYSTEM REPLACEMENT	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): COMMUNITY OF CALLAHAN, Siskiyou Cnty, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF: CALIFORNIA	
Start Date 8/04	Ending Date 6/06	a. Applicant Second	b. Project Second
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal CDBG	\$ 416,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/13/04	
b. Applicant USDA, RD	\$ 530,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State DWR-SRF	\$ 430,000.00 *	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 1,376,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative JAMES D. COLLINS	b. Title PRESIDENT, B of D	c. Telephone Number 530-467-5252	
d. Signature of Authorized Representative James D. Collins		e. Date Signed 8/11/04	

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		2. DATE SUBMITTED 04/27/2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier 2345 (Rev 2)	
5. APPLICANT INFORMATION					
Legal Name: San Joaquin General Hospital			Organizational Unit: Department: Ambulatory Care		
Organizational DUNS: 88-433-3345			Division:		
Address: Street: 500 West Hospital Road			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: French Camp			Prefix: Ms. First Name: Susan		
County: San Joaquin			Middle Name: D.		
State: CA Zip Code: 95231			Last Name: Watson		
Country:			Suffix:		
			swatson@sjgh.hs.co.san-joaquin.ca.us		
6. EMPLOYER IDENTIFICATION NUMBER (EIN) 94-6000531			Phone Number (give area code): 209 - 468 - 6160		Fax Number (give area code): 209 - 468 - 6114
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify) <input type="checkbox"/> <input type="checkbox"/>			7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Technology Opportunities Program 11-552			9. NAME OF FEDERAL AGENCY: National Telecommunications and Information Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): San Joaquin County			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Remote Video Medical Interpretation Bank		
13. PROPOSED PROJECT Start Date: 10/01/2004 End Date: 10/01/2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 11 b. Project: 11, 8, 12, 7, 10, 14		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	700,000.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 08/13/2004		
b. Applicant	\$	414,115.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	465,844.00			
e. Other	\$	0.00			
f. Program Income	\$	0.00			
g. TOTAL	\$	1,579,959.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Mr.		First Name Kenneth		Middle Name B	
Last Name Cohen				Suffix	
b. Title Interim Chief Executive Officer				c. Telephone Number (give area code) 209 - 468 - 6621	
d. Signature of Authorized Representative				e. Date Signed	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular 1-102

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input type="checkbox"/> Non-Construction	<input checked="" type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: West Side Health Care District		Organizational Unit: Department:	
Organizational DUNS:		Division:	
Address: Street: 218 6th street/PO BOX 128		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Taft		Prefix: Mr.	First Name: Chuck
County: Kern		Middle Name: Allen	
State: CA		Last Name: Hagstrom	
Zip Code: 93268		Suffix:	
Country: USA		Email: chagstrom@taft.org	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6003484		Phone Number (give area code) (661) 763-2316	Fax Number (give area code) (661) 765-7284
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G. Special District Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Loans		9. NAME OF FEDERAL AGENCY: USDA	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Taft, County of Kern		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: (attachments) Medical Office Building 306 Center Street, Taft, CA 93268	
13. PROPOSED PROJECT Start Date: 3/1/2005 Ending Date: 6/30/2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 22 b. Project 22	
15. ESTIMATED FUNDING: a. Federal \$ 811,000.00 b. Applicant \$ 100,000.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 911,000.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/2/2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix Mr. First Name Chuck Middle Name Allen Last Name Hagstrom b. Title Board President c. Telephone Number (give area code) (661) 765-7234 d. Signature of Authorized Representative e. Date Signed 8/2/2004			

PART I - FACESHEET

OMB No. 3045-0035 Expiration Date 3/31/05

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Non-Construction <input checked="" type="checkbox"/>	
2. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS):		3. a. DATE RECEIVED BY STATE:	3.b. STATE APPLICATION IDENTIFIER:
		4. a. DATE RECEIVED BY CNCS:	4.b. CNCS GRANT NUMBER: 02SFPCA035
5. APPLICANT INFORMATION			
LEGAL NAME: The CSU Chico Research Foundation ORGANIZATIONAL UNIT: PASSAGES Adult Resource Center ADDRESS (give street address, city, county, state and zip code): Office of Sponsored Programs Building 25 Chico, CA 95929-0870		NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Carol A. Childers TELEPHONE NUMBER: (530) 898 - 4307 FAX NUMBER: (530) 898 - 4870 INTERNET E-MAIL ADDRESS: cchilders@csuchico.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 6 8 - 0 3 8 6 5 1 8		7. a. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Private Non-Profit Organization O. Other (specify) _____	
8. TYPE OF APPLICATION (Check appropriate box): <input checked="" type="checkbox"/> NEW <input type="checkbox"/> CONTINUATION <input type="checkbox"/> REVISION If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award: <input type="checkbox"/> B. Decrease Award: <input type="checkbox"/> C. Increase Duration: <input type="checkbox"/> to _____ (enter date) D. Decrease Duration: <input type="checkbox"/> to _____ (enter date) E. OTHER (specify): <input type="checkbox"/> _____		7.b. CNCS APPLICANT CHARACTERISTICS Enter appropriate code in each blank: <u> L </u> <u> N </u> _____ 9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 9 4 0 1 1 Name of Program <u>Foster Grandparent Program</u>		11. a. TITLE OF APPLICANT'S PROJECT: CSU Chico Research Foundation FGP	
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc.): Butte and Glenn Counties		14. PERFORMANCE PERIOD: Start Date _____ End Date: _____	
13. PROPOSED PROJECT: START DATE: 09/03/2004		END DATE: 06/30/2005	
15. ESTIMATED FUNDING: Check applicable box: Yr 1: <input type="checkbox"/> Yr 2: <input type="checkbox"/> or Yr 3: <input type="checkbox"/>		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. FEDERAL	\$ 92,259	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/12/04</u>	
b. APPLICANT	\$ 14,086	b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. STATE		19. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input type="checkbox"/> NO	
d. LOCAL	\$		
e. OTHER	\$		
f. TOTAL	\$ 106,345		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Jeff Wright		b. TITLE: Director, Office of Sponsored Projects	c. TELEPHONE NUMBER: 530-898-5700
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE: <i>Jeff Wright</i>		e. DATE SIGNED: 8/12/04	

Modified Standard Form 424-NSSC (Rev. 3/03 to conform to the CNCS eGrants system)

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED August 9, 2004	Applicant Identifier
1. TYPE OF SUBMISSION: <input type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	<input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Rural Human Services, Inc.	Organizational Unit:
Address (give city, county, State, and zip code): 286 'M' Street, Suite A Crescent City, CA 95531	Name and telephone number of person to be contacted on matters involving this application (give area code) Dennis Conger, CEO (707) 464-7441 ext. 238

6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;">9 4 — 2 7 3 5 3 4 6</div>	7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block; float: right;">N</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Not-For-Profit</u> </div> </div>
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8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____	9. NAME OF FEDERAL AGENCY: Rural Housing Services of USDA Rural Development
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10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 0 — 7 6 6</div> TITLE: Community Facilities Loans and Grants	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Harrington House Battered Women's Shelter
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12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Del Norte County, California	<div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 150px;"> RECEIVED AUG 11 2004 </div> <div style="border: 2px solid black; padding: 5px; margin: 5px auto; width: 150px;"> STATE CLEARING HOUSE </div>
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13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF:	
Start Date Ending Date 10/1/02 12/31/04	a. Applicant Congressional District 1	b. Project Congressional District 1

15. ESTIMATED FUNDING: <table style="width:100%; border-collapse: collapse;"> <tr><td style="width:20%;">a. Federal</td><td style="width:10%;">\$</td><td style="width:10%;"></td><td style="width:10%; text-align: right;">500,000⁰⁰</td></tr> <tr><td>b. Applicant</td><td>\$</td><td></td><td style="text-align: right;">294,000⁰⁰</td></tr> <tr><td>c. State</td><td>\$</td><td></td><td style="text-align: right;">500,000⁰⁰</td></tr> <tr><td>d. Local</td><td>\$</td><td></td><td style="text-align: right;">356,000⁰⁰</td></tr> <tr><td>e. Other</td><td>\$</td><td></td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>f. Program Income</td><td>\$</td><td></td><td style="text-align: right;">0⁰⁰</td></tr> <tr><td>g. TOTAL</td><td>\$</td><td></td><td style="text-align: right;">1,650,000⁰⁰</td></tr> </table>	a. Federal	\$		500,000 ⁰⁰	b. Applicant	\$		294,000 ⁰⁰	c. State	\$		500,000 ⁰⁰	d. Local	\$		356,000 ⁰⁰	e. Other	\$		0 ⁰⁰	f. Program Income	\$		0 ⁰⁰	g. TOTAL	\$		1,650,000 ⁰⁰	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>08/09/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
a. Federal	\$		500,000 ⁰⁰																										
b. Applicant	\$		294,000 ⁰⁰																										
c. State	\$		500,000 ⁰⁰																										
d. Local	\$		356,000 ⁰⁰																										
e. Other	\$		0 ⁰⁰																										
f. Program Income	\$		0 ⁰⁰																										
g. TOTAL	\$		1,650,000 ⁰⁰																										

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
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18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Dennis Conger	b. Title Chief Executive Officer	c. Telephone Number (707) 464-7441
d. Signature of Authorized Representative 		e. Date Signed 8/9/04

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 07/28/2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY JUL 28 2004		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Maxwell Public Utility District		Organizational Unit: Maxwell Public Utility District	
Address (give city, county, state, and zip code): PO Box 294 Maxwell, CA 95955 Colusa County		Name and telephone number of the person to be contacted on matters involving this application (give area code): Randy J. Vessels (530) 438-2505	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000890		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> G A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify):	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: Rural Community Assistance Corp, USDA, RD. Red Bluff, CA.	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-760 TITLE: Water and Waste Disposal Loan and Grant Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Wastewater Treatment Plant Improvements	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Maxwell, Ca., Colusa County, California			
13. PROPOSED PROJECT: Start Date: 04/01/2005 Ending Date: 12/15/2005		14. CONGRESSIONAL DISTRICTS OF: 2 a. Applicant: Maxwell Public Utility District b. Project: Wastewater Treatment Plant Improvements	
15. ESTIMATED FUNDING: a. Federal State Grant \$ 1,000,000 b. Applicant RUS Loan \$ 831,700 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 1,831,700.00		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 01/27/2003 b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY REVIEWED, AND THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Randy J. Vessels		b. Title Manager	
c. Telephone number (530) 438-2505		d. Date Signed 07/28/2004	
e. Signature of Authorized Representative Randy J. Vessels			

Previous Editions Not Usable
Authorized for Local ReproductionStandard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier State Application Identifier Federal Identifier																																
3. DATE RECEIVED BY STATE		4. DATE RECEIVED BY FEDERAL AGENCY																																	
5. APPLICANT INFORMATION																																			
Legal Name: Central Sierra Resource Conservation & Development Address (give city, county, state, and zip code): 235 New York Ranch Road, Suite C Jackson CA 95642 Dun & Bradstreet #136584179		Organizational Unit: Central Sierra RC&D Name and telephone number of the person to be contacted on matters involving this application (give area code) Lee Seaton, Chairperson 209-533-0361, ext 242																																	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 4 2 - 1 5 8 6 5 7 6 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) N <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 48%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non Profit</u> </div> </div>																																	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">A. Increase Award</div> <div style="width: 30%;">B. Decrease Award</div> <div style="width: 30%;">C. Increase Duration</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;">D. Decrease Duration</div> <div style="width: 30%;">Other (specify):</div> <div style="width: 30%;"></div> </div>		9. NAME OF FEDERAL AGENCY: Natural Resources Conservation Service																																	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-top: 5px;"> 1 0 - 9 0 1 </div>		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Central Sierra RC&D Expansion Agreement <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> RECEIVED AUG 10 2004 </div>																																	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Alpine, Amador, Calaveras, Northern Mono, Tuolumne Counties		13. PROPOSED PROJECT Start Date: 7/21/04 Ending Date: 12/31/05																																	
14. CONGRESSIONAL DISTRICTS OF: a. Applicant: 3		b. Project: 3, 19																																	
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:10%; text-align: right;">15000</td> <td style="width:10%; text-align: right;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td></td> <td style="text-align: right;">15,000.00</td> </tr> <tr> <td colspan="2"></td> <td></td> <td style="text-align: right;">30,000.00</td> </tr> </table>		a. Federal	\$	15000	.00	b. Applicant	\$.00	c. State	\$.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$.00	g. TOTAL	\$		15,000.00				30,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/11/04</u> b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	15000	.00																																
b. Applicant	\$.00																																
c. State	\$.00																																
d. Local	\$.00																																
e. Other	\$.00																																
f. Program Income	\$.00																																
g. TOTAL	\$		15,000.00																																
			30,000.00																																
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																																	
a. Type Name of Authorized Representative Lee Seaton		b. Title Chairperson																																	
d. Signature of Authorized Representative		c. Telephone Number (209) 533-0361 e. Date Signed																																	

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Standard Form 424 (Rev. 4-92)
Prescribed by OMB Circular A-102

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

TITLE

Alfred Nunes
CSRC&D Sec./Tres.

APPLICANT ORGANIZATION

Central Sierra RC&D

DATE SUBMITTED

Application for Federal
Education Assistance (ED 424)



U. S. Department of Education

Form Approved
OMB No. 1875-0106
Exp. 11/30/2004

Applicant Information

1. Name and Address

Organizational Unit

Legal Name: Taft City School District

LEA

Address: 820 North 6th Street

Taft

City

CA
State

Kern
County

93268 -2306
ZIP Code + 4

2. Applicant's D-U-N-S Number 1 | 0 | 0 | 0 | 0 | 9 | 1 | 9 | 0 |

3. Applicant's T-I-N 9 | 5 | - | 6 | 0 | 0 | 3 | 0 | 8 | 7 |

4. Catalog of Federal Domestic Assistance #: 84.1 | 8 | 4 | B |

Title: Mentoring Program

5. Project Director: Greg Mudge

Address: 820 North Sixth Street

Taft CA 93268 2306
City State Zip code + 4
Tel. #: () - Fax #: () -

E-Mail Address: _____

Application Information

9. Type of Submission:

-PreApplication -Application
-Construction -Construction
-Non-Construction X Non-Construction

10. Is application subject to review by Executive Order 12372 process?
X Yes (Date made available to the Executive Order 12372
process for review): 07 / 10 / 2004

No (If "No," check appropriate box below.)
Program is not covered by E.O. 12372.
Program has not been selected by State for review.

11. Proposed Project Dates: 09 / 01 / 2004 08 / 31 / 2007
Start Date: End Date:

Estimated Funding

14a. Federal \$ 148,814.00
b. Applicant \$ _____.00
c. State \$ _____.00
d. Local \$ _____.00
e. Other \$ _____.00
f. Program Income \$ _____.00
g. TOTAL \$ 148,814.00

Authorized Representative Information

15. To the best of my knowledge and belief, all data in this preapplication/application are true
and correct. The document has been duly authorized by the governing body of the applicant
and the applicant will comply with the attached assurances if the assistance is awarded.

a. Authorized Representative (Please type or print name clearly.)

Dr. Michael Harris

b. Title: Superintendent

c. Tel. #: (661) 763 - 1521 Fax #: (661) 763 - 1495

d. E-Mail Address: mharris@taft.org

e. Signature of Authorized Representative

Michael Harris

Date 6 / 29 / 04

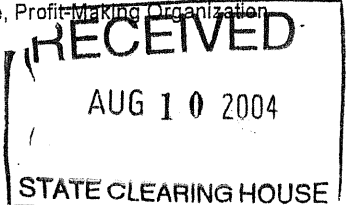
6. Novice Applicant Yes X No

7. Is the applicant delinquent on any Federal debt? Yes X No
(If "Yes," attach an explanation.)

8. Type of Applicant (Enter appropriate letter in the box.) F

A - State F - Independent School District
B - Local G - Public College or University
C - Special District H - Private, Non-profit College or
University
D - Indian Tribe I - Non-profit Organization
E - Individual J - Private, Profit-Making Organization

K - Other (Specify):



12. Are any research activities involving human subjects planned at
any time during the proposed project period?
Yes (Go to 12a.) X No (Go to item 13.)

12a. Are all the research activities proposed designated to be
exempt from the regulations?
Yes (Provide Exemption(s) #): _____
No (Provide Assurance #): _____

13. Descriptive Title of Applicant's Project:

Taft Mentoring for Success

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 8/3/2004		Applicant Identifier	
		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION			
Legal Name:		Organizational Unit:	
City of Gridley		Department: City Manager	
Organizational DUNS: 040477788		Division:	
Address:		Name and telephone number of person to be contacted on matters involving this application (give area code)	
Street: 685 Kentucky Street		Prefix: Mr.	First Name: Jack
City: Gridley		Middle Name	
County: Butte		Last Name: Slota	
State: California	Zip Code: 95948	Suffix:	
Country: USA		Email: jslota@gridley.ca.us	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		Phone Number (give area code)	Fax Number (give area code)
94-6000344		530-846-4675	530-846-3229
8. TYPE OF APPLICATION:		7. TYPE OF APPLICANT: (See back of form for Application Types)	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		Municipal	
Other (specify) <input type="checkbox"/> <input type="checkbox"/>		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:		9. NAME OF FEDERAL AGENCY:	
10-766		USDA Rural Development	
TITLE (Name of Program): Rural Economic Development Loans & Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):		Infrastructure improvements to the Gridley Industrial Park.	
City of Gridley, Butte County			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: Fall 2004	Ending Date: Summer 2005	a. Applicant 02	b. Project 02
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal *	\$ 4,710,000	a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$	DATE:	
c. State	\$ 500,000	b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$ 282,000	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
g. TOTAL	\$ 6,492,000		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix: Mr.	First Name: Jack	Middle Name	
Last Name: Slota		Suffix	
b. Title: City Manager		c. Telephone Number (give area code): 530-836-4675	
d. Signature of Authorized Representative: <i>Jack Slota</i>		e. Date Signed: 8-3-04	

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Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

*See attached for breakdown of Federal

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input checked="" type="checkbox"/> Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		8/10/04	
<input type="checkbox"/> Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier n/a
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-01-01
5. APPLICANT INFORMATION			
Legal Name: California Department of Veterans Affairs		Organizational Unit: Capital Development and Construction Division	
Address (give city, county, State, and zip code): 1227 "O" Street, Suite 314 Sacramento, CA 95814		Name and telephone number of person to be contacted on matters involving this application (give area code) Robert M. Johnson Capital Outlay and Construction Division 916 653-0240	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 9 4 - 6 0 3 8 1 5 7		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of Veterans Affairs	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 6 4 - 2 0 3 TITLE: State Cemetery Grants		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Northern California Veterans Cemetery	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California: Shasta County; City of Redding		<div style="border: 2px solid black; padding: 10px; text-align: center;"> RECEIVED AUG 10 2004 STATE CLEARING HOUSE </div>	
13. PROPOSED PROJECT			
Start Date 10-1-04	Ending Date 11-1-05	14. CONGRESSIONAL DISTRICTS OF: a. Applicant Robert Matsui, 5th CA Congressional District b. Project Wally Herger, 2nd CA Congressional District	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 8,522,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE August 10, 2004	
b. Applicant	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 8,522,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Tom Johnson, FACHE		b. Title California Department of Veterans Affairs	c. Telephone Number 916 653-2158
d. Signature of Authorized Representative		e. Date Signed	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 10, 2004	Applicant Identifier N/A
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EKEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01562
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="border: 1px solid black; padding: 2px; display: inline-block;">A</div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Centennial Regional Park Dev. City of Santa Ana 888 W. Santa Ana Blvd., 2nd Floor Santa Ana, CA 92701	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06- 69000		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 9 2004 </div>	
13. PROPOSED PROJECT			
Start Date 11/1/03	Ending Date 6/30/08	14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project 47	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 152,235.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>8/10/04</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 152,235.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 304,470.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed	

CEIVED

AUG - 9 2004

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCESTATE CLEARING HOUSE
2. DATE SUBMITTED
August 10, 2004Applicant Identifier
N/A

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-ConstructionPreapplication
☐ Construction
☐ Non-Construction

3. DATE RECEIVED BY STATE

State Application Identifier
SAI-EXEMPT

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier
06-01542

5. APPLICANT INFORMATION

Legal Name:

California - Department of Parks and Recreation

Organizational Unit:

California Department of Parks and Recreation

Address (give city, county, State, and zip code):

Post Office Box 942896
Sacramento 3150 Sacramento 067
California 06 94296-0001Name and telephone number of person to be contacted on matters involving
this application (give area code)Betty Ettinger
(916) 651-8174

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

□□□□ - □□□□□□□□

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es)

□ □

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

Department of the Interior
National Park Service - Western Region 1443

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

15 - 916

TITLE: Outdoor Recreation - Acquisition, Development & Planning

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

06-75630

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Central County Bikeway Dev.
City of Suisun City
701 Civic Center Blvd.
Suisun City, CA 94585

13. PROPOSED PROJECT

14. CONGRESSIONAL DISTRICTS OF:

Start Date
11/1/04Ending Date
6/30/08a. Applicant
03b. Project
10

15. ESTIMATED FUNDING:

a. Federal	\$	85,250
b. Applicant	\$	702,750
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	788,000

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
ORDER 12372 PROCESS?a. ☒ YES THIS PREAPPLICATION/APPLICATION WAS MADE
AVAILABLE TO THE STATE EXECUTIVE ORDER 12372
PROCESS FOR REVIEW ON:

DATE 8/9/04

b. No. ☒ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE
FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☐ No18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE
ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.a. Type Name of Authorized Representative
Ruth Colemanb. Title
Director, Parks and Recreationc. Telephone Number
(916) 853-7423

d. Signature of Authorized Representative

e. Date Signed

DOT

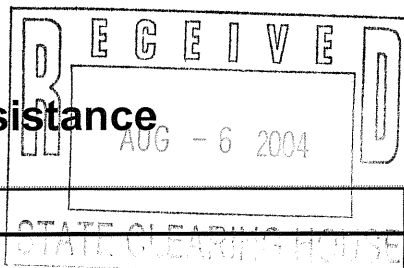


FTA

U.S. Department of Transportation

Federal Transit Administration

Application for Federal Assistance



Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Project ID:	CA-90-Y320
Budget Number:	1 - Budget Pending Approval
Project Information:	Claremont Intermodal Transit Facility

Part 1: Recipient Information

Project Number:	CA-90-Y320
Recipient ID:	2271
Recipient Name:	CLAREMONT, CITY OF
Address:	207 HARVARD AVENUE , CLAREMONT, CA 91711 0000
Telephone:	(909) 399-5400
Facsimile:	(909) 399-5492

Union Information

No information found.

Part 2: Project Information

Project Type:	Grant	Gross Project Cost:	\$250,000
Project Number:	CA-90-Y320	Adjustment Amt:	\$0
Project Description:	Claremont Intermodal Transit Facility	Total Eligible Cost:	\$250,000
Recipient Type:	City	Total FTA Amt:	\$200,000
FTA Project Mgr:	John Ottomanelli (213) 202-3957	Total State Amt:	\$0
Recipient Contact:	Michael Busch (909) 399-5456	Total Local Amt:	\$50,000
New/Amendment:	None Specified	Other Federal Amt:	\$0
Amend Reason:	Initial Application	Special Cond Amt:	\$0
Fed Dom Asst. #:	20507	Special Condition:	None Specified
Sec. of Statute:	5307	S.C. Tgt. Date:	None Specified

State Appl. ID:	None Specified	S.C. Eff. Date:	None Specified
Start/End Date:	Dec. 01, 2004 - Jun. 30, 2006	Est. Oblig Date:	None Specified
Recvd. By State:		Pre-Award Authority?:	Yes
EO 12372 Rev:	Not Applicable	Fed. Debt Authority?:	No
Review Date:	None Specified	Final Budget?:	No
Planning Grant?:	NO		
Program Date (STIP/UPWP/FTA Prm Plan) :	Jul. 09, 2004		
Program Page:	None Specified		
Application Type:	Electronic		
Supp. Agreement?:	Yes		
Debt. Delinq. Details:			

Urbanized Areas

UZA ID	UZA Name
60020	LOS ANGELES--LONG BEACH--SANTA ANA, CA

Congressional Districts

State ID	District Code	District Official
6	26	David Dreier

Project Details

Through this application and the allocation of \$200,000 of available Transit Enhancement (TE) funds, the City of Claremont will be constructing and procuring transit enhancements for a 485 space parking facility as part of a transit oriented development for bus commuters, future Gold Line patrons and for planned mixed use development. The facility will include four (4) parking levels, public bathrooms, a public plaza area and bicycle amenities (lockers). The \$200,000 in TE Funds will be allocated to the bicycle amenities, pedestrian improvements and other eligible costs incorporated into the facility. The project is located within the Village Expansion Project Area which is adjacent to the Metrolink and future Gold Line Right-of-Way. The facility is within 1/8 mile from the Foothill Transit Store and the City's historic transit depot; the location of the City's Metrolink Station. The facility is funded from a combination of Section 5309 Funds, TE Funds and local dollars. The construction cost is estimated at \$8.1 million. As a project participant, Foothill Transit will allocate \$2.3 million in Section 5309 Funds to the project through a separate application. Currently, the project is in design. Award of the construction contract is not anticipated until January 2005. The construction period is estimated at 15-18 months with the project open by June 2006.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
<u>SCOPE</u>			
113-00 BUS - STATION/STOPS/TERMINALS	0	\$200,000	\$250,000
<u>ACTIVITY</u>			

11.33.04 CONSTRUCT - BUS PARK&RIDE LOT	0	\$200,000	\$250,000
Estimated Total Eligible Cost:			\$250,000
Federal Share:			\$200,000
Local Share:			\$50,000

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

11.33.04	CONSTRUCT - BUS PARK&RIDE LOT	Gasoline
----------	-------------------------------	----------

Extended Budget Descriptions

11.33.04	CONSTRUCT - BUS PARK&RIDE LOT	0	\$200,000	\$250,000
These funds will be allocated to construct and procure the eligible transit enhancement (TE) activities.				

Changes since the Prior Budget

Unable to find change amount information.

Part 4. Milestones

11.33.04 CONSTRUCT - BUS PARK&RIDE LOT 0 \$200,000 \$250,000

	<u>Milestone Description</u>	<u>Est. Comp. Date</u>
1.	RFP/IFB Issued	Jan. 31, 2005
2.	Contract Award	Mar. 15, 2005
3.	Contract Complete	Jun. 30, 2006

Part 5. Environmental Findings

PRJBUD Project Budget 0 \$200,000 \$250,000

Finding No. 1 - Class II(c)

C13 - Ridesharing activities

Ridesharing activities.

Finding Details: The facility being constructed will be used by Foothill Tranist for commuter parking and for the future light rail project (Gold Line). Other parking will be made available to support the transit oriented development.

Part 6: Fleet StatusFixed Route

		Before	Change	After
I.	Active Fleet			
	A. Peak Requirement	4	0	4
	B. Spares	2	0	2
	C. Total (A+B)	6	0	6
	D. Spare Ratio (B/A)	50.00%	0.00%	50.00%
II.	Inactive Fleet			
	A. Other	0	0	0
	B. Pending Disposal	0	0	0
	C. Total (A+B)	0	0	0
III.	Total (I.C and II.C)	6	0	6

Part 7. FTA CommentsNo information found.**Part 8: Results of Reviews**

The reviewer did not find any errors

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

Application

☐ Construction☒ Non-Construction

Pre-application

☐ Construction☐ Non-Construction

2. DATE SUBMITTED

August 5, 2004

3. DATE RECEIVED BY STATE

August 5, 2004

4. DATE RECEIVED BY FEDERAL AGENCY

Applicant Identifier

CA 03000

State Application Identifier

Federal Identifier

APPLICANT INFORMATION

Legal Name: County of Orange/
Orange County Sheriff-Coroner Department

Organizational DUNS: 11-195-0874

Address:

Street:

550 N. Flower Street

City:

Santa Ana

County:

Orange

State:

CA

Zip Code

92707

Country:

United States

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-6002928

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ RevisionIf Revision, enter appropriate letter(s) in box(es)
(See back of form for description of letters.)☐☐

Other (specify)

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

16-7110

TITLE (Name of Program):

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Orange County

13. PROPOSED PROJECT

Start Date:

10/1/04

Ending Date:

9/30/05

15. ESTIMATED FUNDING:

a. Federal	\$	2,257,125
b. Applicant	\$	752,375
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	
g. TOTAL	\$	3,009,500

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Mr.

First Name Thomas

Middle Name W.

Last Name Wilson

Suffix

b. Title Board Chairman

c. Telephone Number (give area code)

(714) 834-3550

d. Signature of Authorized Representative

e. Date Signed 8/3/04

Previous Edition Usable

Authorized for Local Reproduction

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL
ORANGE COUNTY, CALIFORNIA

Barbara J. Bloom
Deputy



SIGNED AND CERTIFIED THAT A COPY OF
THIS DOCUMENT HAS BEEN DELIVERED TO
THE CHAIRMAN OF THE BOARD
ATTEST *Barbara J. Bloom*
DARLENE J. BLOOM
CLERK OF THE BOARD OF SUPERVISORS
ORANGE COUNTY, CALIFORNIA

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE	State Application Identifier
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Janesville Fire Protection District		Organizational Unit: Special District	
Address (give city, county, State, and zip code): PO Box 40, Janesville, Lassen, CA 96114		Name and telephone number of person to be contacted on matters involving this application (give area code): Kristin Luther (530)253-3737	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2571443		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: _____ 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Water Tender	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 110-766 TITLE: Comm. Facility loan			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Janesville, Lassen, CA			
13. PROPOSED PROJECT Water Tender		14. CONGRESSIONAL DISTRICTS OF: John Doolittle	
Start Date 7/30/04	Ending Date 8/30/04	a. Applicant	
15. ESTIMATED FUNDING:		b. Project	
a. Federal	\$ 46,725.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/3/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 10,000.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 56,725.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Charles Harrison		b. Title Fire Chief	c. Telephone Number 530/253-3737
d. Signature of Authorized Representative 		e. Date Signed 8-1-04	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 7/30/2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	

5. APPLICANT INFORMATION

Legal Name: David Wayne Ferguson	Organizational Unit:
Address (give city, county, State, and zip code): 683 Bucher Ave. Santa Clara, Ca 95051	Name and telephone number of person to be contacted on matters involving this application (give area code) David Wayne Ferguson (408) 249-3653 or (408) 241-4786

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

56 - 7411471

7. TYPE OF APPLICANT: (enter appropriate letter in box)

<input checked="" type="radio"/> A State <input checked="" type="radio"/> B County <input checked="" type="radio"/> C Municipal <input checked="" type="radio"/> D Township <input checked="" type="radio"/> E Interstate <input checked="" type="radio"/> F Intermunicipal <input checked="" type="radio"/> G Special District	<input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____
---	---

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify):
 Federal Domestic Assistance

9. NAME OF FEDERAL AGENCY:

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

RECEIVED
AUG - 5 2004

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Individual of family in general
 General public or anyone
 Citizen of U.S.A.
 Physically afflicted
 Unemployed
 Low income person

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

13. PROPOSED PROJECT

Start Date	Ending Date	a. Applicant
------------	-------------	--------------

14. CONGRESSIONAL DISTRICTS OF:

b. Project

15. ESTIMATED FUNDING:

a. Federal	\$	25,000.00
b. Applicant	\$	25,000.00
c. State	\$	25,000.00
d. Local	\$	25,000.00
e. Other	\$	25,000.00
f. Program Income	\$	00.00
g. TOTAL	\$	00.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☐ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative	b. Title	c. Telephone Number	
David Wayne Ferguson		(408) 249-3653	e. Date Signed 7/30/04

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 30, 2004	Applicant Identifier																																					
5. APPLICANT INFORMATION Legal Name: City of Eureka Address (give city, county, State, and zip code): 604 C Street Eureka CA 95501		3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY FEDERAL AGENCY State Application Identifier Federal Identifier																																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000372		7. TYPE OF APPLICANT: (enter appropriate letter in box) <table style="width:100%;"> <tr> <td>A. State</td> <td>H. Independent School Dist.</td> </tr> <tr> <td>B. County</td> <td>I. State Controlled Institution of Higher Learning</td> </tr> <tr> <td><u>C. Municipal</u></td> <td>J. Private University</td> </tr> <tr> <td>D. Township</td> <td>K. Indian Tribe</td> </tr> <tr> <td>E. Interstate</td> <td>L. Individual</td> </tr> <tr> <td>F. Intermunicipal</td> <td>M. Profit Organization</td> </tr> <tr> <td>G. Special District</td> <td>N. Other (Specify) _____</td> </tr> </table>		A. State	H. Independent School Dist.	B. County	I. State Controlled Institution of Higher Learning	<u>C. Municipal</u>	J. Private University	D. Township	K. Indian Tribe	E. Interstate	L. Individual	F. Intermunicipal	M. Profit Organization	G. Special District	N. Other (Specify) _____																							
A. State	H. Independent School Dist.																																							
B. County	I. State Controlled Institution of Higher Learning																																							
<u>C. Municipal</u>	J. Private University																																							
D. Township	K. Indian Tribe																																							
E. Interstate	L. Individual																																							
F. Intermunicipal	M. Profit Organization																																							
G. Special District	N. Other (Specify) _____																																							
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: U S Department of Justice																																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: COPS Secure our Schools grant <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Eureka Senior High Communications Security Enhancements <div style="border: 2px solid black; padding: 5px; text-align: center; margin-top: 10px;"> RECEIVED AUG - 5 2004 </div>																																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Eureka - schools		14. CONGRESSIONAL DISTRICTS OF: First Congressional District																																						
13. PROPOSED PROJECT Comm Enhancement Start Date: 10/04 Ending Date: 9/05		15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%;">40,000</td> <td style="width:10%;">00</td> <td style="width:10%;"></td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>-0-</td> <td>00</td> <td></td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>-0-</td> <td>00</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>40,000</td> <td>00</td> <td>plus</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>-0-</td> <td>00</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>00-</td> <td>00</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>80,000</td> <td>00</td> <td>plus</td> </tr> </table>		a. Federal	\$	40,000	00		b. Applicant	\$	-0-	00		c. State	\$	-0-	00		d. Local	\$	40,000	00	plus	e. Other	\$	-0-	00		f. Program Income	\$	00-	00		g. TOTAL	\$	80,000	00	plus	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input checked="" type="radio"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE July 30, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	40,000	00																																					
b. Applicant	\$	-0-	00																																					
c. State	\$	-0-	00																																					
d. Local	\$	40,000	00	plus																																				
e. Other	\$	-0-	00																																					
f. Program Income	\$	00-	00																																					
g. TOTAL	\$	80,000	00	plus																																				
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a. Type Name of Authorized Representative David A. Douglas		b. Title Chief of Police																																						
d. Signature of Authorized Representative 		c. Telephone Number 707 441 4095 e. Date Signed 07/30/2004																																						

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <div style="display: flex; justify-content: space-between;"> <div style="width:48%;"> <i>Application</i> <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> <div style="width:48%;"> <i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction </div> </div>		2. DATE SUBMITTED 3. DATE RECEIVED BY STATE 4. DATE RECEIVED BY AGENCY State Application Identifier Federal Identifier AIP No. 3-06-0077-05															
5. APPLICANT INFORMATION Legal Name: County of Shasta Address (give city, county, state and zip code): 1855 Placer Street Redding, California 96001		Organizational Unit: Fall River Mills Airport Name and telephone of the person to be contacted on matters involving this application (give area code): Daniel J. Kovacich (530) 225-5155															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">9</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">4</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">6</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">5</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">3</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">5</div> </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: -20px;">B</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): </div> </div>															
8. TYPE OF APPLICATION <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: flex; justify-content: space-between; font-size: small;"> <div>A. Increase Award D. Decrease Duration</div> <div>B. Decrease Award E. Other (specify):</div> <div>C. Increase Duration</div> </div>		9. NAME OF FEDERAL AGENCY: Federal Aviation Administration															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NO. <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">2</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">0</div> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">6</div> </div> TITLE: AIRPORT IMPROVEMENT PROGRAM		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Design of Airport Improvements															
12. Areas affected by Projects (cities, counties, states, etc): Shasta County		<div style="border: 1px solid black; padding: 10px; text-align: center;"> RECEIVED AUG - 4 2004 STATE CLEARING HOUSE </div>															
13. PROPOSED PROJECT <div style="display: flex;"> <div style="width: 50%;"> Start Date 09-01-04 </div> <div style="width: 50%;"> Ending Date 07-31-05 </div> </div>		14. CONGRESSIONAL DISTRICTS OF: <div style="display: flex;"> <div style="width: 50%;"> a. Applicant 2nd </div> <div style="width: 50%;"> b. Project 2nd </div> </div>															
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 50%;">a. Federal</td> <td style="width: 50%; text-align: right;">522,500</td> </tr> <tr> <td>b. Applicant</td> <td style="text-align: right;">2,750.00</td> </tr> <tr> <td>c. State</td> <td style="text-align: right;">24,750.00</td> </tr> <tr> <td>d. Local</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>e. Other</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>f. Program Income</td> <td style="text-align: right;">.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">550,000.00</td> </tr> </table>		a. Federal	522,500	b. Applicant	2,750.00	c. State	24,750.00	d. Local	.00	e. Other	.00	f. Program Income	.00	g. TOTAL	550,000.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON : DATE _____ b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	522,500																
b. Applicant	2,750.00																
c. State	24,750.00																
d. Local	.00																
e. Other	.00																
f. Program Income	.00																
g. TOTAL	550,000.00																
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes, If "Yes", attach an explanation <input checked="" type="checkbox"/> No															
a. Typed Name of Authorized Representative Glenn Hawes		b. Title Chairman of the Board															
d. Signature of Authorized Representative 		c. Telephone (530) 225-5557 e. Date Signed JUN 22 2004															

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 27, 2004	Applicant Identifier R9 Tracking Number 04-431	
		3. DATE RECEIVED BY STATE	State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier A009009-05-0		

5. APPLICANT INFORMATION Legal Name: Ventura County Air Pollution Control District		Organizational Unit: Department: Ventura County Air Pollution Control District																						
Organizational DUNS: 066691122		Division: N/A																						
Address: Street: 669 County Square Drive, 2nd Floor		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Vickie																						
City: Ventura		Middle Name M.																						
County: Ventura		Last Name Workman																						
State: California	Zip Code 93003	Suffix: N/A																						
Country: U.S.A.		Email: vickie@vcapcd.org																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-6000944		Phone Number (give area code) (805) 645-1416	Fax Number (give area code) (805) 645-1444																					
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) G Other (specify)																						
Other (specify)		9. NAME OF FEDERAL AGENCY: U. S. Environmental Protection Agency																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Air Pollution Control Program 66-001		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Ventura County local Air Pollution Control Program for the operation of an effective program that complies with the Federal and State requirements.																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County		14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project 23 & 24																						
13. PROPOSED PROJECT Start Date: 10/01/04 Ending Date: 09/30/05		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW																						
15. ESTIMATED FUNDING: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>1,128,785.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>6,192,495.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td>211,200.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td>30,000.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>7,532,480.00</td> </tr> </table>		a. Federal	\$	1,128,785.00	b. Applicant	\$	6,192,495.00	c. State	\$	211,200.00	d. Local	\$.00	e. Other	\$.00	f. Program Income	\$	30,000.00	g. TOTAL	\$	7,532,480.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Federal	\$	1,128,785.00																						
b. Applicant	\$	6,192,495.00																						
c. State	\$	211,200.00																						
d. Local	\$.00																						
e. Other	\$.00																						
f. Program Income	\$	30,000.00																						
g. TOTAL	\$	7,532,480.00																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Authorized Representative Prefix Mr. First Name Michael Middle Name Last Name Villegas Suffix b. Title Air Pollution Control Officer c. Telephone Number (give area code) (805) 645-1440 d. Signature of Authorized Representative e. Date Signed 7-28-2004																								

APPLICATION FOR
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
5. APPLICANT INFORMATION Legal Name: Regents, University of California, Davis		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
Organizational DUNS: 04-712-0084		Organizational Unit: Department: Dept. of Entomology	
Address: Street: Sponosred Programs, 118 Everson Hall One Shields Avenue		Division: Agri. & Environ. Sciences	
City: Davis		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Dr. First Name: Diane	
County: Yolo		Middle Name: E.	
State: CA		Last Name: Ullman	
Zip Code: 95616		Suffix:	
Country: USA		Email: deullman@ucdavis.edu	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 04-6036494		Phone Number (give area code): 530-752-3799 Fax Number (give area code): 530-752-1537	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) N. Land grant university 1862 Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-664		9. NAME OF FEDERAL AGENCY: USDA Forest Service PSW	
TITLE (Name of Program): Cooperative Forestry Assistance		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Aggregation Behavior in the Banded Elm Bark Beetle, <u>Scolytus schevyrewi</u> (RWU #4502 -Subunit #11-2721)	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State		14. CONGRESSIONAL DISTRICTS OF: a. Applicant I b. Project I	
13. PROPOSED PROJECT Start Date: 8/15/04 Ending Date: 8/14/07		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: 8/2/04 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
15. ESTIMATED FUNDING: a. Federal \$ 56,700.00 b. Applicant \$ 11,340.00 c. State \$.00 d. Local \$.00 e. Other \$.00 f. Program Income \$.00 g. TOTAL \$ 68,040.00		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative Prefix First Name Middle Name Last Name Kelly Parker Suffix b. Title Contracts and Grants Analyst c. Telephone Number (give area code) (530) 752-2075 d. Signature of Authorized Representative Kelly Parker e. Date Signed 8/3/04			

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 30, 2004		Applicant Identifier R9-Tracking No. 04-445	
Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION					
Legal Name: California Air Resources Board			Organizational Unit: Department:		
Organizational DUNS: 828321871			Division: Administrative Services Division		
Address: Street: 1001 I Street P.O. Box 2815 City: Sacramento County: Sacramento State: CA Zip Code: 95812			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Valinda Middle Name: Last Name: Debbs Suffix:		
Country: USA			Email: vdebbs@arb.ca.gov		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 68-0288069			Phone Number (give area code) (916) 322-8201		Fax Number (give area code) (916) 322-9612
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) A. State Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Air Pollution Control Program Support 66-001			9. NAME OF FEDERAL AGENCY: Environmental Protection Agency		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): State of California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standard.		
13. PROPOSED PROJECT Start Date: Ending Date:			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 03 b. Project Statewide		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$	6,339,166	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	20,515,127	DATE: Signature Date		
c. State	\$		b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$		<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$		<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	26,854,293			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Marie		Middle Name	
Last Name LaVergne		Suffix		c. Telephone Number (give area code) (916) 322-8198	
b. Title Chief, Administrative Services		d. Signature of Authorized Representative		e. Date Signed 7/30/04	

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED July 30, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Self-Help Enterprises		Organizational Unit: Department:	
Organizational DUNS: 056179906		Division:	
Address: Street: P.O. Box 6520 City: Visalia County: Tulare County State: CA Zip Code: 93290 Country: United States		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mrs. First Name: Susan Middle Name: Last Name: Atkins Suffix:	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1592676		Email: susana@selfhelpenterprises.org	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) O. Not for Profit Organization Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): 10-441		9. NAME OF FEDERAL AGENCY: USDA Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 502 eligil areas of Kings, Kern, Fresno, Madera, Merced, Tulare & Stanislaus Co.		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Homebuyer education; post-occupancy education and 502 delinquency counseling for unincorporated areas of seven counties in the San Joaquin Valley.	
13. PROPOSED PROJECT Start Date: 1/1/05 Ending Date: 12/31/06		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 21 b. Project 18, 19, 20, 21, 22	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal \$ 100,000 b. Applicant \$ c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 155,000		a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: August 2, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative Prefix Mr. First Name Peter Middle Name N. Last Name Carey Suffix b. Title President \ CEO c. Telephone Number (give area code) (559) 651-1000 d. Signature of Authorized Representative e. Date Signed 7-20-04			

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED JUN - 1 2004		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: South Tulare County Memorial District			Organizational Unit: Department:		
Organizational DUNS: 36-180-0626			Division:		
Address: Street: P.O. Box 10148			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Joe		
City: Earlimart			Middle Name Ray		
County: Tulare			Last Name McPhetridge		
State: CA		Zip Code 93219-0148			
Country:			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6024065			Phone Number (give area code) (559) 757-3870		Fax Number (give area code) (559) 757-5403
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 10-766 TITLE (Name of Program): Community Facilities Grant Program			9. NAME OF FEDERAL AGENCY: USDA Rural Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart and Richgrove, California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Parking lot renovation at Richgrove and Earlimart Veterans Memorial Buildings		
13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05			14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rep. Devin Nunes b. Project Rep. Devin Nunes		
15. ESTIMATED FUNDING: a. Federal \$ 87,444 b. Applicant \$ 71,545 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 158,989			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative Prefix Mr. First Name Joe Middle Name Ray Last Name McPhetridge			c. Telephone Number (give area code) (559) 757-3870		
b. Title Director			e. Date Signed 5/26/04		
d. Signature of Authorized Representative <i>Joe Ray McPhetridge</i>					

APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED JUN - 1 2004	Applicant Identifier
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION Legal Name: South Tulare County Memorial District		Organizational Unit: Department:	
Organizational DUNS: 36-180-0626		Division:	
Address: Street: P.O. Box 10148		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Mr. First Name: Joe	
City: Earlimart		Middle Name: Ray	
County: Tulare		Last Name: McPhetridge	
State: CA	Zip Code: 93219-0148	Suffix:	
Country:		Email:	

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6024065		Phone Number (give area code) (559) 757-3870	Fax Number (give area code) (559) 757-5403
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) G - Special District Other (specify)	

9. NAME OF FEDERAL AGENCY: USDA Rural Development		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Parking lot renovation at Richgrove and Earlimart Veterans Memorial Buildings	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Community Facilities Grant Program 10-766			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Earlimart and Richgrove, California			

13. PROPOSED PROJECT Start Date: 10/1/04 Ending Date: 9/30/05		14. CONGRESSIONAL DISTRICTS OF: a. Applicant Rep. Devin Nunes b. Project Rep. Devin Nunes	
15. ESTIMATED FUNDING: a. Federal \$ 87,444 b. Applicant \$ 71,545 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 158,989		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No			

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative Prefix Mr. First Name Joe Middle Name Ray		Last Name McPhetridge	
b. Title Director		c. Telephone Number (give area code) (559) 757-3870	
d. Signature of Authorized Representative Joe Ray McPhetridge		e. Date Signed 5/26/04	

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED August 2, 2004	Applicant Identifier N/A
Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01541
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) _____	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [] [] [] [] - [] [] [] [] TITLE: Outdoor Recreation - Acquisition, Development & Planning		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-67000		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: York Mini Park San Francisco Recreation and Park Department McLaren Lodge, Golden Gate Park 501 Stanyan Street San Francisco CA 94117	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/04	Ending Date 6/30/08	a. Applicant 03	b. Project 8
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 81,190 ⁰⁰	(A) YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/02/04 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ 81,190 ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 162,380 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed	

OMB Approval No. 0348-0043

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 2, 2004	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01537
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Arastradero Preserve ACQ City of Palo Alto 1451 Middlefield Road Palo Alto, CA 94301	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-55282			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/04	Ending Date 6/30/08	a. Applicant 03	b. Project 14
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? (a) YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 08/02/04 b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 160,000.00		
b. Applicant	\$ 160,000.00		
c. State	\$.00		
d. Local	\$.00		
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 320,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed	

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 2, 2004	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01557
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento 067 California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code) Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN) [] [] - [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) [A] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) [] [] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Bryant Park Development City of Riverside, Park & Recreation 3900 Main Street Riverside, CA 92522	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-62000			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/04	Ending Date 6/30/08	a. Applicant 03	b. Project 42
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 88,257 ⁰⁰	a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/2/04	
b. Applicant	\$ 88,257 ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 176,514 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed	

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Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED August 2, 2004	Applicant Identifier N/A
		3. DATE RECEIVED BY STATE	State Application Identifier SAI-EXEMPT
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier 06-01550
5. APPLICANT INFORMATION			
Legal Name: California - Department of Parks and Recreation		Organizational Unit: California Department of Parks and Recreation	
Address (give city, county, State, and zip code): Post Office Box 942896 Sacramento 3150 Sacramento California 06 94296-0001		Name and telephone number of person to be contacted on matters involving this application (give area code): Betty Ettinger (916) 651-8174	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): [] [] - [] [] [] [] [] []		7. TYPE OF APPLICANT: (enter appropriate letter in box) [A] A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____		9. NAME OF FEDERAL AGENCY: Department of the Interior National Park Service - Western Region 1443	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: [1] [5] - [9] [1] [6] TITLE: Outdoor Recreation - Acquisition, Development & Planning		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Highland Park Development City of Riverside, Park & Recreation 3900 Main Street Riverside, CA 92522	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 06-62000			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 11/1/04	Ending Date 6/30/08	a. Applicant 03	b. Project 42
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 37,284	b. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 8/2/04	
b. Applicant	\$ 37,284	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$		
d. Local	\$		
e. Other	\$		
f. Program Income	\$		
g. TOTAL	\$ 74,568	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Ruth Coleman		b. Title Director, Parks and Recreation	c. Telephone Number (916) 653-7423
d. Signature of Authorized Representative		e. Date Signed	

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